MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	-
1. PLACE OF DEATH	39	
County Tal M	Registration Dist. No. 290	
Village or City & as lon		Ward
	death occurred in a hospital or institution five its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?	ds.
2. FUEL NAME Charles Bern	If U.S. Veteran specify WAR	
(a) Residence: No. Ches Les Low	786 Ward.	
(Usuai place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 28 102	7
Sa It married widoward by discovery	(Month) (Dey) (Yea	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of UCH BUSTA	22. HEREBY CERTIFY, Thet ettended deceased	from
	Mar. 26, 1937, 10 March 28, 19	\.B.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Devs If LESS than	i lest saw h. Welive on Mal. 27, 1937; death	s said
4.2 1 dey,hrs.	to have occurred on the dete steted above, at m. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade nunfession or particular	were es follows:	onset
	Cartie requiratation -	«
Industry or business in which work wes done, es SILK MILL,	Jas Philitie	
SAW MILL, BANK, etc		
this occupation month and 19.36 spent in this year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
# 13. NAME Chas. Berry		
13. NAME (tas. Serry 14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(State of County)	Whet test confirmed diagnosis? Was there en autopsy?	40
15. MAIDEN NAME Many Lange Wilson 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
Source Will bring.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
17. INFORMANT ALLEY CONTROLLEY,		
18. BURIAL, CREMATION, OR REMOVAL 2/2, 3/	Manner of injury	
Place Date 3/3/ 196	Nature of injury	
19. UNDERTAKER MS POLA STUCK	24. Wes disease or injury in eny way related to occupetion of deceesed?	
(Address)	If so, specify	
20. FILED \$130. Registrar.	(Signed)	-M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AFR 0 1331	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S	7		
Other contributory causes of importance:		Other contributory causes of importance:	M. T. ST.
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY: PHYSICIANS should state Streement of OCCUPA-Exact properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 03290
County albet	Registration Dist. No. 290
Village or City Castru Mo.	(If death, occurred in a horpital or institution, give its NAME instead of street end number) nos. 10/1000 How long in U.S.11 of foreign birth? mos.
2. FULL NAME Cond Residence: No. + devaluting R.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighte word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS then	
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es fortunal Date of o
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupetion (month end year) 11. Totel time (yeers) spent in this occupetion	
2. BIRTHPLACE (city or town) - B. action Emergency top (State or country)	Other Contributory Causes of importence:
13. NAME M. Edward Collowne 14. BIRTHPLACE (city or town) Flderalshurg (State or country) NS.	Neme of operation Date of West here an eulopsy?
15. MAIDEN NAME Miss Calleuri W night 16. BIRTHPLACE (city or town) — Educalsburg (State or country) — A Calleuri — Orllanna (Address) — Calleuri — Orllanna (Address) — Calleuri — Orllanna	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
B. BURIAL, CREMATION, OR REMOVAL Piece 1 ede alshurg Dete 3/11 193;	Menner of injury
9. UNDERTAKER I Franklin Son	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 3/11 19.3.7 Novices Registrar.	(Signed) (Address) O O O O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
× 10			
Other contributory causes of importance:		Other contributory causes of importance:	4444
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03297
1. PLACE OF DEATH	
County S 10106 N	Registration Dist. No. 290
Village or City 45 TIA WAY WA	No. Moldancy HISO to St., Ward death occurred in a hospital or institution, we its NAME instead of street and number)
Length of presidence in city or town where death occurredyrsmos.	
2. FOLL NAME HUMANI ITEM	If U.S. Veteran specify WAR
(a) Residence: No. Class 8h 000 M.	St., Ward. 1000
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. Na I HEREBY CERTIAN, Thet I attended deceased from
(or) WIFE of	Lanch 2 1937, to Man. 4 1937
6. DATE OF BIRTH (month, day, end year) Cuq. 22 1880	I last saw h_MM. alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
5 5 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machinist SAWYER, BOOKKEEPER, etc.	Pravi Checer - ?
Industry or business in which	Orain abscess (in brain). Etiology; under
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (manth) and year) 11. Total time (years) spent in this occupation	termined. Duration: four dayle Culia
12, BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) md	
13. NAME Clexauder Ce Crow	
13. NAME (Lloyauder, C. Creev) 14. BIRTHPLACE (city or town)	Name of operation would bette of Dete of
(State of country)	Whet test confirmed diagnosis They 2 kar - Was there en eutopsy?
# 15. MAIDEN NAME brak & Birch	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Server Adams (Address) Che Dollare No	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ABNOVAL 312	Manner of Injury
Plec Duly 1000 Dete 0, 1937	Nature of injury
19. UNDERTAKER SKY-ellows (Addiess) 2 to 00 condens	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED 3/5 , 1937 M. Merries Registrar.	(Signed) William / aumon M. D. (Address) Saston myl
Registrat.	N. C. I. C B. L

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY PA	27		
	40.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

B.—WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Talbak,	Registration Dist. No. 2 90
Village or City	No. St., Wo (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME ango, C. Fergus	2
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
OR OLVORCED (write the word	
Wigner	(Month) (Day) (Year)
HUSBAND of HUSBAND of	22. HEREBY CERTIFY, That I ettended deceased f
(or) WIFE of Shamas Serguson	May 1 1929 to Mursh & 192
Mar 1 1944	I lest saw here of much 7, 1937; deeth is
OATE OF BfRTH (month, day, end year) AGE Years Months Days If LESS that	
1 day	
72 2 ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	[d]
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	frank Melland me
10-Oate deceased last worked et 11. Total time (years) Europe	56
this occupation (month and year) spent in this wife	w
year) oc.upanon 2. pc.	Other Contributory Causes of importence:
BIRTHPLACE (city or town) Illustration	
(State or country) Maryland	
13. NAME Ele Chaul	
14. BIRTHPLACE (city or town). Federalsburg	Name of operation Dete of
(Stete or country) Mayland	What test confirmed diagnosis? Wes there en eulopsy
15, MAIDEN NAME Elisabeth Warner	23. If death was due to external causes (VIOLENCE) fill in elso the following:
2 2 1 2 1	
16. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide?
M IN I	Where did injury occur?(Specify city or town, county and State)
INFORMANT ILLE WILLIAM I JAK	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Eastow Way	
B. BURIAL, CREMATION, OR REMOVAL Place Lasundull (Easton) Date May 9 19:	Manner of Injury
Place Assurgitud Court of gate 19.5	P4 Nature of injury
, UNDERTAKER Maurice E. Newman Yson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Easton Old.	If so, specify.
	- None of the part of
OFILED 3/9 1937 MYV, Neere	(Signed)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

.N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATI
County gal los	Registration Dist.
Village or City England,	No
Length of residence in city or town where deeth occurred	If death occurred in a horpital or institution, give its NAME inst
(a) Residence: No. 2.1. P. O.T. (Usual place of abode)	St., Ward. If u.s. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March
5a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, 19.37, to 911
6. DATE OF BIRTH (month, day, and year) Man 10 1879	I last saw he elive on 3/26
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et3
38 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of were as follows:
8. Trade, p ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Leur House Mark.	Carginoma
SAWYER, BOOKKEEPER, etc	Sprince
10. Date decessed last worked at this occupation (month and year)	4
12. BIRTHPLACE (city or town) Tall top County (State or country)	Other Contributory Causes of Importance:
is 13. NAME Well Sueso.	
14. BIRTHPLACE (city or town) Carolina CO	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME & Lawy Names	23. If death wes due to external causes (VIOLENCE) fill in a
0 16. BIRTHPLACE (city or town) Cal Lat Col	Accident, suicide, or homicide? Date
S (State or country) Maying Count	Where did injury occur?
17. INFORMANT MIRO Francisco Fiches.	(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,
18. BURIAL, CREMATION, OR BEMOVAL 2 1 2/2 2-	Manner of Injury
Place 1 20 por fox My Date 2/3 193	Nature of Injury
19. UNDERTAKER TO SELW and	24. Was disease or injury in any way related to occupation
(Address) Dally Try	If so, specify
20 FILED 3/30/ 10 37 / 1-1/2 //leurs	(Signed) Julyana Co

03299

	Registration Dist. No	3.0	71
	Ma		144 4
	f death occurred in a hospital or institution, give its NAME instead of st		
mos	sds. How long in U.S. if of foreign birth?yrs	mos	sds.
Ties	Lea If U.S. Veteran specify WAR.		
<i>{</i>	St., Ward. If nonresident give city or 1	town and S	Stale
RS	MEDICAL CERTIFICATE OF DE	-	
IDOWED, the word)	21. DATE OF DEATH Harch 2 (Dey)	C.	193
ESS than	1 I HEREBY CERTIFY. That I 1 last saw he elive on 2 C m. The PRINCIPAL CAUSE OF DEATH end related causes of importa	1937	19.3.7
min.	were as follows:	1	Oate ol onset
ruh.	Springer of		2/25/34
s) life	Other Centributory Causes of importance:		
	Name of operation [Date of	
	Name of operation		
ly		here en au	
ls.	Name of operation What test confirmed diagnosis? Was t 23. If death wes due to external causes (VIOLENCE) fill in also the	here en au	!opsy?
<i>j</i> -	Name of operation[What test confirmed diagnosis?Was t	here en au following:	!opsy?
	Name of operation Was t What test confirmed diagnosis? Was t 23. If death wes due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	here en au following:	!opsy?
) -	Name of operation Was t What test confirmed diagnosis? Was t 23. If death wes due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU Manner of Injury Manner of Injury	here en au following:	!opsy?
	Name of operation	following:	!opsy? , 19
his-	Name of operation	following:	!opsy? , 19
2 hos	Name of operation	following:	!opsy? , 19

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was the V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7		

BINDING

FOR

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago
BURPAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ING (S)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
RVED FOR BIND	-THIS IS A PERMA	uld be stated EXA	nay be properly class	ack of certificate.
MARGIN RESER	WITH UNFADING INK-	efully supplied. AGE sho	in plain terms, so that it n	TION is very important. See instructions on back of certificate.
V. S. No. 1 (N) MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH	TION is very importa

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03301
County / albut	Registration Dist. No. 291
Village or City St. Michaels	NoSt.,Ward
Length of residence in city or town where death occurred \$2 yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary Tr. Gardner.	
(a) Residence: No. St. Muchaels and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Max 16 ,193 7 (Month) (Oay) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. 1 HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of J. Wesley Gardner	May 12, 1937, to Mar 16, 1937
6. DATE OF BIRTH (month, day, and year) May 19, 184.3	I last saw h. 22 aliva on Than 16, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atAm.
00 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc.	
9. Industry or husiness in which	Construct man
work was dona, as SILK MILL, SAW MILL, BANK, etc	101-1-12-
10. Data deceased last worked at this occupation (month and 160.1936 spent in this occupation 46 year)	Ceff T
year) spent in this occupation (month and 160.1904 spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Continuous Causes of Importance.
(State or country) Datterune lo. Mol.	Meleno Seleroses
13. NAME FORELL P. Serman 14. BIRTHPLACE (city or town) B. 1	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country) (V(Llumnu V), JVO.	What tast confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME I Jancy Brooks	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Nancy Brooks 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Nancy Brooks	Accidant, suicide, or homicide? Date of injury, 19
(State of county) Augustus.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1: Jouel Gardier (Address) St. Michael Nd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. Michaele Ma Data Mar, 18 th, 1931	- Natura of injury
19. UNOERTAKER Plunam & Vyairion (Address)	24. Was disease or injury In any way related to occupation of dacaased? 720
To any of the charter, that	If so, specify ————————————————————————————————————
20. FILEO MM 17, 1931 from Howales Registrar.	(Signed) MAD. (Addrass) St. Michael, M.D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11	.,	-			
U	()	13	U	3	

1. PLACE OF DEATH County Jalbot		Registration Dist. No. 294
Village or City July from Where	7.6 (ii	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of Ioralgn blith? yrs. mos. ds.
2. FULL NAME Savas	ann Garris	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ba. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Samuel (0.	Sarnin	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days II LESS than 1 day,hrs. ormin.	I last saw harmonic aliva on
8. Trade, prolession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	House work 11. Total time (years) spant in this occupation	Constitute france in whominal cavity. Brotolity francey ions omentural (surgeorlave fort).
12. BIRTHPLACE (city or town). a Significant (Stata or country)	Cair	Other Contributory Causes of importance: Canser was found during a gall-stone. Therations CurleR
13. NAME for Ofice 14. BIRTHECACE (city or town) (Stata or country)	t new market	Nama of operation Date of Was there an autopsy?
15. MAIDEN NAME Recelled 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT William (La Sarrie	23. II death was dua to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Vilghman	Date Ofine Id 37	Manner of injury
19. UNDERTAKER Newnam (Address), St. Trick 20. FILED 17-3, 1937	+ Harrison Affection L Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) A. D. C. Signed: 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
			- "
Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

plnods

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 03303

0	
677	Registration Dist. No. 29/
) least	
	MoSt., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Visit de la Constantina del Constantina de la Co	
reface &	CEUS, Veteran specify WAR
115 Brichaels	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH.
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH >
OR DiVORCED (write the word)	war 1 1937
3	(Month) (Day) (Year)
	22. I HEREBY CERTIFY That I attended decreed from
	The state of the s
1 11 657	, 19 , to , , 19 , , 19 , , 19 , , , , , , , , ,
1) how 11/173/	I last saw h; death is said
inths Days If LESS than	to have occurred on the date stated above, atm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	Date of onset
YER,	Elel Com
any	2 11 1055
i, one	Verencle 11, 1937
11. Total tima (yaars)	
spant in this occupation	
2	Other Contributory Causes of importanca:
age of the second	Sypholes me
of les lud.	Mustley? 33,3
quen	
- OLT Per	Nama of associan
and the contract of the contra	Name of operation Date of
· Yeelles	What test confirmed diagnosis? Was there an au opsy?
	23. If death was due to external causas (VIDLENCE) fill in also the following:
Telf (lo	Accident, suicida, or homicide? Data of injury, 19
3	Where did injury occurs
Line	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Jacob will	
	Manner of injury
112 Data March 11 , 1937	
10	Nature of injury
eve Free	24. Was disease or injury in any way related to occupation of decaased?
cichaela tod	If so, specify
11 Haranola	(Signed) M. D.
John Stwwwall Registrar.	(Ardress)
a, more values are necueu, aquiess state Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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To be complete, an occupation return must state:

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Example II V E D		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03304
1. PLACE OF DEATH	920
County Salbot	Registration Dist. No. 294
Village or City Luisbauk mos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 6 dyrsmos.	
2. FULL NAME Leorge ME Clellen	Itaddaway.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (guine the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That Pattenged deceased from
	1930, pury (// 193)
6. DATE OF BIRTH (month, day, and year) Opil 5 1863	I last saw h alive on
7. AGE Years Months Days If LESS than I day,	to have occurred on the data stated above, atm.
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Det Suldo les
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at 19 3 3 11. Total time (years) 15	
10. Data deceased last worked at 1933 this occupation (month and 1933 spent in this occupation compation	
12. BIRTHPLACE (city or town) Jelyhmans Island. (State or country)	Other Contributory Confe of Importance:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E 70116	way
4 14. BIRTHPLACE (city or town) Self-off (Control (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Jallott Cog.	23. If death was dua to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Data of injury
17. INFORMANT Casser III Lassisas.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Paritrales, Will	
18. BURIAL, CREMATION, OR REMOVAL Placa Silghman Data May 19, 1937	Manner of injury
19. UNDERTAKER Yewnam & Harrison	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Moh. 19, 1937 Attasson	If so, specify (Signed) (Signed) (Signed)
Registrar.	(Address) Tologo Amary 22

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhade July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. WRITE PLANLY, WITH

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH albay	293
County Manual Carrier	Registration Dist. No. 2010
Village or City Tilleen Cultur	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAMPURS James Jubus	e Hall.
(a) Residence: No Guelle au	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH //Lan. 8 (Day) (Pear)
5a. If married, widowed, or divorced ANSBAND of	22. 7 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of James Hall.	Mian 5 1937 to Man 8 1937
6. DATE OF BIRTH (month, day, and year) unknown	I lest sew herin alive on Man 8 193 7; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.20 m.
abour 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	Dats of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	1937
9. Industry or business In which work was done, as SILK MILL,	Cerebral Hemerhaya Turs
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Inddstry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
o this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Filese.	Tuluster ?
13. NAM Ber: James Brindell	1191
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
# 15. MAIDEN NAME Cacale & Jall	23. If death wes due to externel causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
X (State or country) Zuaryland	Where did Injury occur?
17. INFORMANT Have Clear Que	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plane J. O. M. Career Date Mell. 1., 19.3.	Nature of Injury
19. UNDERTAKER ON THE SUCONS	24. Was disease or injury In eny way related to occupation of deceesed?
(Address) / Deutou	If so, specify A
20. FILED 3/10 , 1937. J. L. Gardner	(Signed) Muron Opleage M.D.
Registrar.	(Address) Dulling less

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	E 1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 193	July 5,1927	Peritonitis	3 days ago
BUREAU V	. 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

1	. PLACE	OFDEA	TH		
	County	or City	Quant.	- onto	. 0
			city or town where		
	. FULL		DA LA	o destil occur	JI.
		sidence: No.	Door		y · · · ·
					place of abode)
-					RTICULARS
3. :	SEX?	4. cot	OR OR RACE	5. SINGLE, OR DIV	MARRIED, WIDOW ORCED (write the w
5a.	If married, v HUSBANO (or) WIFE		rorced		0
6.	DATE OF BII	RTH (month, d	ay, and year)	maril	28-1937
7.	AGE	Years	Months	Dey:	
					1 day,m
OCCUPATION	10. Date de this	k was done, as V MILL, BANK, eceased last w occupation (m r)	etc orked at onth and	111.1	otal time (years) spant in this occupation
12.		E (city or town r country)) Dia	Me or	vaido j
TER	13. NAME	N	erman	Carl	Karumke
FATH		LACE (city or the or country)	town)	allen	my hud
HER	15. MAIOEN	NAME (slave a	lizabil	Fragie
MOT		LACE (city or to the or country)	, 41	the 5	elado,
17.	INFORMANT (Address		is A6.	Frais	eke Po
18.	BURIAL, Place		NO K	myske	milzy,
19.	UNDERTAKE (Address		& King	nike	RI
20.	FILED. Th	el 28	1937	night	2/600

03306

Registration Dist. No. 992 No. (If death occurred in a horpital or institution, give its NAME inserted of street and number) If where death occurred. Yes mos. ds. How long in U. S. if of foreign birth? yes. mos. ds. Ward. (Usual place of abode) St. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH CE S. SINGLE MARRIED, WIDOWED, OR DIVOSCED Gymic the world OR DIVOSCED ST. I HEREBY CERTIFY. That I attended deceased from 19 10 19 19 19 19 10 10 19 19 10 10 19 19 10 10 19 19 10 10 19 19 10 10 19 19 10 10 19 19 10 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10				(24)
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It death occurred to the word of the properties of material of institution, give its NAME instead of street and number) It where death occurred to the word of th	Me	- onlo. d.	No	
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S. SINGLE, MARRIED, WIDOWED, OR DIVONCED (price the word) 22. I HEREBY CERTIFY. That I attended deceased from 19. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	TIST		s MED	
OR DIVORCED (gritic the word) 22. I HEREBY CERTIFY. That I attended deceased from 19. to 19.				1
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19 to		()	20 1.11.	
I last saw h			u. THE	
to have occurred on the date stated above, at	- 0	2. 1 11 108	2	
1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Obtained 11. Total time (years) spant in this occupation Other Coutributery Causes of importance: Other Coutributery Causes of importance: Name of operation				alive on; death is sa
Name of operation. Oate of What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Daturals Daturals Daturals Newere as follows: Other Courributory Causes of importance: Oate of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19. Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Neture of Injury (Signed) (Apdress) M. D.	nths		hen	
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23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury 19	/10	A DI CONTRACTOR	Name of operation	Oate of
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Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) Registrar. M. D. (Apdreys)	400	lizabil Frage	23. If death was due to	external causes (VIOLENCE) fill in also the following:
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Menner of Injury Nature of Injury Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? Use If so, specify (Signed) Registrar. (Apdreys) M. D.	hi	Name (s)		(Specify city or town, county and State)
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If so, specify (Signed) Registrar. (Apdreys) M. D.	7	A	Nature of Injury	
(Signed) South of M. D. Registrar. (Apdress) Awyle new M. D.	un	mike on	24. Was disease or Inju	ry In any way related to occupation of deceased? We
Registrar. (Addreys) Swife her	1	raffer the	If so, specify()	0.0
		n/Katon	(Signed)	repasjore 10 M
	1	Re	gistrar. (Address)	dwhe hed
	N mor			Altimore Paguartem 41 S No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		Example II	
The principal cause of death and of importance were as follows;	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage APR	3 1937	July 5, 1927	Peritonitis	3 days ago
RUSE	AU V. 3.			
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 03307
1. PLACE OF DEATH V	93.0
County 10/00/ C 1 V 1	Registration Dist. No. 290
Village or City (a) MA	No. Werallicy Hospital st., Ward
(If	death outpered in a horpital or institution, give its NAME instead of street and number)
Length of raside to in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME THE STATE STATE	If U.S. Veteran epecify WAR
(3) Residence: No. Meston IVA	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Fillale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	22. WI I HEREBY CERTIFY. Thet Lattandad dacaased from
(or) WIFE of yearde halle	22. THEREBY CERTIFY. Thet Lattandad dacaased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. Q. alive on March 34 1937; daath is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated ebova, et. 10-17, m.
50 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8 Trade profession or particular	myseard to the Date of onset
kind of work done, as SPINNER, HIMSE WOLD	Genteh Impospobre du 9/14
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	D'fujelets; Our 9/1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked et 11. Total time (yeters), and the second last worked et	7 / X
10. Date daceased last worked et this occupation (month end the year) 11. Total time (yeers) spent In this occupation go occupation.	
Landita C Ca. I	Other Coutribatory Causes of Importance:
12. BIRTHPLACE (city or town) WWW 1770 (State or country)	Hacoplegia 7/36
E	Marie
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Le
I I I I I I I I I I I I I I I I I I I	23. If daath was dua to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Clea Faharra	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Deally although 176, 1899	Nature of injury
WHILDON Hand	24. Was disease or injury in any way related to occupation of decaased?
19. UNDERTAKER (Address)	If so, spacify
3/24 22 20/10	(Signad) M.D.
20. FILED 1921 Registrar.	(Addrass) Opalor Mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT RECURD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46°C
County Tally	Registration Dist. No. 290
Village or City Caston	No. 6 mergensy Hospital St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 11 2 ds. How long in U.S. if of foreign birth?
2. Fatil NAME Maxing of the do western.	If U.S. Veteran specify WAR.
(a) Residence: No. Queenstown . Md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple White The word	21. DATE OF DEATH March /8 , 193 ? (Month) (Day) (Year)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. MIHEREBY CERTIFY, That I attended deceased from
6. DATE OF RIRTH (month, day and year)	I last saw h. Co. elive on Mar Ch. 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:05 alm.
50 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Memoria lotar Date of onet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At upper milder lande. 5/19/37
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Talkot County (State or country)	Other Contributory Causes of importance: (Appendents Supplet Lette - 3/5/2)
1400	2 Caremona oseentry tolon
13. NAME JOHN TO	Name of operation Deleo - Coloniary Date of 3/1/3)
(State or country) Maryland	What test confirmed diagnosis? disease of P Was there an autopsy? You
15. MAIDEN NAME Jessie M. Pypen	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME LASIO M. Pypow 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (QUAL) / L. Leaverlan	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place 6 aston Date Mar. 20, 1937	Nature of Injury
19. UNDERTAKER Jas a Loens	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Castery Md.	If so, specify
20. FILED 3/20, 1937 n. G. Merry	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	0 1097	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	WEN O TOOK	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V lycense	July 5,1927	Peritonitis	3 days ago	
0		Marie and delicated the second			
Other contributory causes of im	portance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH (1330)
1. PLACE OF DEATH	82:0
County SWM	Registration Dist. No.
Village or City Lea lon My	No. Melegeney Hopisted Ward
(If Length residence in city or town where death occurred 45 yrsmos	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
I Tour I has	
2. FULL NAME I'W. Heorge ffax	
(a) Residence: No. (Usual piace of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) Wille	21. DATE OF DEATH MARCH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced, HUSBAND of	
(or) WIFE of Ethel Marow	1 HEREBY CERTIFY, That I attended deceased from 1937, to Murch 4 1957
9 9 7 9	I last saw h_cal_ aliva on March 4 19 5 7, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10.15 P.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows:
Kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this concentration of month and this spent in this spe	Parel 1 / Hemmal - 1 28-3
9. Industry or businass In which work was done, as SILK MILL, Wey Year 100 W	
SAW MILL, BANK, etc. 100 M	Essential Hyperten = 2 44?)
year) occupation AVIIII	Other Coatributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
(Stata or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE city or town)	Name of operation Date of
(State py county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Was Woodland 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIDLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT WM. W. Mason	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 13 18 N. N. Jan Cure, John 18. BURIAL, CREMATION, OR REMOVAL	D ₁₁
Place Date 318	anner of injury
	Nature of injury
19. UNDERTAKER Jumes & Aprice	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address), Scholage Mk.	If so, specify
20. FILED 3/ 0, 193 / / VI / Plenses	(Signad) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MARIAN V. S.	- 3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	11			

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	m of	pinou	000	
	ite	302	of	
	RD. Every	YSICIANS	statement	
U	r RECO	Y. PH	Exact	
TARGIN RESERVED FOR BINDING	RMANEN	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR B	IS A PE	stated I	properly	
S	HIS	be	pe	
SERVE	INK-T]	E should	it it may	
N RI	DING	AG1	so tha	
IARGI	UNFAI	supplied.	terms,	
*	WITH	efully s	in plain	
6	ANIA.	ld be car	DEATH	
	PI	hou	OF	
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=	1	ma	CA	

N. B.-WRITE PLAIN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1223
County 1910619 1 h	Registration Dift. No. 290
Village or City (05 TOW) War Maud	No. / Welleway tospital st., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital of institution give its NAME instead of street and number)
2. FULL AME ME ME ME CUTTUM	If U.S. Veteran specify WAR
(a) Residence: No. 7 (15 th) MANUALLA	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE OR DIVORCED (agrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. MIHEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Man & 1937 to Man 12 1937
6. DATE OF BIRTH (month, day, and year) Feb. (0.1875	I last saw h. MA alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	1 Haugulolo Lawa 1 3837
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9:Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	Melias diseffected (5)
work was done, as SILK MILL, Rulway Wares	Hy wellen was
10. Date deceased last worked et 3/ 11. Total time (years)	17 pullware (3)
this occupation (month end 4437 spent in this occupation is	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country),	
13. NAME Seo. U. McCubber 14. BIRTHPLACE (city or town)	Olesesten terminosphere
14. BIRTHPLACE (city or town)	Name of operations Stellars Date of 3/3/3
(State of country)	What test confirmed diagnosist hung of the Was there an autopsy?
15. MAIDEN NAME ON 11 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Agents Authority (Address)	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Questour Md Oate 3/13, 19.37	Neture of Injury
19. UNDERTAKER M. U. PRUCE,	24. Was disease or injury in any way related to occupation of deceased?
(Address), Zaston, Max	If so, specify
20. FILED 3/13 , 1937) 9 Meiries	(Signed) M. O.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 3		
Other contributory causes of importance:	E TOTAL	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATHplnous County item Village or City Length of residence in city or town where death occurred. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH) OR DIVORCED (write the word) rarrela (Month) BINDING 5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oave If LESS than to have occurred on the date stetad above, at I day.____hrs 8. Trada, pofassion, or particular OCCUPATION RESERVED kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. IO. Date dacaasad last worked at [1. Total time (yeers) this occupation (month as spent in this yaar) __ (a) 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town) OF DEATH (State or country Where did injury occur?___ 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE Nature of injury LION 19 UNDERTAKER (Address) If so, spacify (Signad). 20. FILEO ... andre Registrar.

Oate of onse

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How fong in U. S. if of foreign birth? vrs. mos. ds.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Oav) I HEREBY CERTIFY. That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causas of Importance

Was there an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Oate of injury______ 19.

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disaasa or injury In eny way related to occupation of decaased?

If more blanks De norted, adves Stice Bezistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
1 6			
	Other contributory causes of importance:		
May 1,1923	Gastroenterilis	1 year	
b			
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	Registration Dist. No. 24 V
Village or City Drappe, Md.	
(1) 2	No. St. V
	death occurred in a hospital or institution, give its NAME justead of street and number)
rength of residence in city of rown willies by the merchined "" as the " " and " " and " " and " " and	
2 FILL NAME THOSIS TWO	Pastorfield
(a) Desidence No.	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 24 (Month) (Oay) (Yee
s. If married, widowed, or divorced HUSBANO of	7
(or) WIFE of	22. A ! HEREBY CERT! FY, That I ettended deceased
DATE OF BIRTH (month day and year) Dega, 15, 1872	I last saw h &v alive on march 4 0, 1937; deeth l
DATE OF BIRTH (month, day, end year) Dec. / S / D / D / D / D / D / D / D / D / D	to have occurred on the date stated above, at 3.10 Pm.
1 1 2 A 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade, profession, or particular	were as follows: Date of
kind of work done, as SPINNER, domestice Left SAWYER, BOOKKEEPER, etc.	disease - Hyperturgial 19%
9. Industry or business In which work was done, as SILK MILL,	1
SAW MILL, BANK, etc.	
10. Oate deceased last worker 31 this occupation (month as 1) spent in this occupation (month as 1) spent in this occupation.	
Islast County	Other Contributory Causes of Importance:
(State or country)	The same of the sa
13. NAME Wm. H. N. Pastorfield	
13. NAME WM. P. N. Pascorfector 14. BIRTHPLACE (city or town) Jalbaf County	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carolin V. Lloand.	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME Carolyn C. Floryd. 16. BIRTHPLACE (city or town) Jalbot. Conting	Accident, suicide, or homicide?, 19_
(State or country)	Where did Injury occur?
17. INFORMANT R. K. Highlette ind	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place princial Com. J. Oste Mich. 26, 19.3	Neture of injury
19. UNDERTAKER Maurice E. Lewnant Son (Address) Easter, M.A.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILEO Mel 26, 1937 Jonglas on Registrar.	(Signed) Villiam D. Reymour (Address) Grante Mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	13	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE	OF DEATH
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í	6	R	7	13	4	p
Ł	1	1	5 1	3	1	r

1. PLACE OF DEATH	99-0
Village or Cay Easton Mausland	No. Emergence Hozalast., Ward
	If death occurred in a horpid or institution, give its NAME instead of street and number) os. Salato How long in U.S. if of foreign birth?
2. FUEL NAME Golden, Veterson	If U.S. Veteran epecify WAR
(a) Residence: No. 6 ds ton (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rich	22. I HEREBY CERTIFY. That I attended deceased from March 11., 19.37, to March 19., 19.37.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h Low alive on 1937; death is said to have occurred on the date stated above, at 53.m.
I day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	acute Delataton of Resit 3-19-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID Date deceased last worked at this occupation (month and spent in this.	Chronic my organdition 6 months
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	<u>a</u>
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Classical Was there an autopsy? 22
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Watte Mairle 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFORMANT Hattie Leterson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 1922 193	Manner of injury
19. UNDERTAKER James a Speince	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 3/20., 19.37 / J. Merry Registrar.	(Signed) M. D. (Address) Zaton Zad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage A 6 1937	July 5, 1927	Peritonitis	3 days ago
HANGAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U3314
1. PLACE OF DEATH	159
County 101/00 1 1	Registration Dist. No. 290
Village or City (0.5 TOW) 1000.	No. / Wer Oxucy DSDITAL St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
\\ \D\	If U. S. Veteran, specify WAR
Lisanos Wild	St Ward.
Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED ("write the word)	21. DATE OF DEATH
remare white since	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIF NaThat I attended deceased, from
(or) wire or	10 10 10 10 10 10 10 10 10 10 10 10 10 1
6. DATE OF BIRTH (month, day, end year)	I last saw h aliva on
7. ACB Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
or 3.0 min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	7
SAWYER, BOOKKEEPER, atc	Gumature
S. Hade, procession, or particular to the control of the control o	
yaar) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Thope MA	
[State or country]	Name of operation Date of What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MUNIC KERCCA KLUTON 16. BIRTHPLACE (city or town) JULIU JULIU JULIU	Accident, suicida, or homicide? Date of Injury, 19
State of Country	Where did Injury occur?
17 INFORMANT Charles Miliam, Man	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mayor Ma.	
18. BURIAL, CREMATION, OR REMOVAL W. Date 111 3 0931	Manner of injury
LISCOTT 3 TATE TO THE TATE OF	Nature of injury
19. UNDERTAKER MANIEL CO. MUNICUL 3 JUNI	24. Was disaase or injury In any way related to occupation of deceased?
(Address)	(Signed) W Maleus M. D.
20. FILED 3/3, 19.37) At Registrar	(Address) Elestara U.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	(3)
County Fally	Registration Dist. No. 297
Village or City Happe or Suds	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Umane Guglo	
(a) Residence: No. (Usus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wite the word)	21. DATE OF DEATH Marel 120, 1937 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
(OT) WIFE OT	19 19 19
6. DATE OF BIRTH (month, day, and year) Thank you 1937	I lest saw h anye on
7. AGE Years Months Days LLESS than	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still-britty.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date decaasad last worked at this occupation (month and year) spent in this occupation	
12, BIRTHPLACE (city or town) States outside)	Other Contributory Causes of importance:
(State or country)	
II 13. NAME Walter Uflens Jugh	
13. NAME Walls Usulus Jugw 14. BIRTHPLACE (city or town) Somewhall	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JULY OF SETTING 16. BIRTHPLACE (city or town) Serling (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS TO TOWN (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, BREMATION, OR REMOVAL WAS THE GUILL THE THE STATE OF THE ST	Mannar of injury
Date 19.02	Neture of Injury
19. UNDERTAMER WALTERS	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, spacify (Signad) M. D
20. FILED MCCA V9 , 19.9 TOLEN CONTROL Registrar.	(Appress) Aure W.

If more blanks are needed, address State Registrar, 2411 N. Charle Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis APR 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUPFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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ARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Mestol. STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEAT Jo should Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foralgn birth? _______ yrs. _____ mos. _____ds. Every Length of residence in city or town a statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of a Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR BACE SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dev. and veer) certificate Days 7. AGE Years Mont to heve occurred on the data I day,hrs. end reletad causes of Importence or min. 8. Tade, profession, or particular TION kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc., may back 9. Industry or business in which OCCUPA work wes dona, es SILK MILL, SAW MILL, BANK, etc. on 10, Date deceased last worked at 11. Total time (yaars) this occupation (month and spent in this that year) occupetion __ instructions Other Contributory Causes of importance SO 12. BIRTHPLACE (city or town) (State or country HER See FAT Neme of operation 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diegnosis? _____ Was there en eulopsy?____ d MOTHER important. 15. MAIDEN NAME 23. If daath was due to extarnal ceuses (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?______ Dete of Injury______ 19_____ EATH 16, BIRTHPLACE (city or town (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. D 17. INFORMANT should (Address) OF 18. BURIAL, OREMATION, OR REM Manner of intury AUSE mation TION Netura of Injury____ 24. Wes disease or injury in any wey related to occupetion of 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED . S (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Under	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1711

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03318
1. PLACE OF DEATH	93-50
County Jalkat	Registration Dist. No. 29 V
Village or City The orderdo	No. Ward
year (h) (lf	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Howylong in U.S. if of foreign birth?
2. FULL NAME Maithe admarie &	well '
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Machi 24 (Year)
5e. If married, widowed, or divorced HUSBAND of Will Wagellon (or) WIFE of Will Wagellon	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thorch 1, 1885	I last sew hele alive on 3/24/, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
52 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Frade profession or particular	Level Mesagareletes 3/7/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and test, 1937 11. Total time (years) this occupation (month and test, 1937 12. Total time (years) this occupation (month and test, 1937 13	7
9. Industry or business in which work was done, as SILK MILL,	V
SAW MILL, BANK, etc	,
10. Date deceased last worked at this occupation (month and feb., 1937 11. Total time (years) this occupation (month and feb., 1937 11. Total time (years) year) occupation	
Jus Trappel	Other Contributory Causes of importance:
(State or country)	- Thinks
13, NAME alexander Smith	
13. NAME alfander Spille 14. BIRTHPLACE (city or town) Jalbot Co	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME aliel ann Banks	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Have de Grace	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT alie Swith (Address) Liable	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BETTAL, CREMATION, OR REMOVAL PIRCLU LEARPE DAY Mar 27, 1937	Manner of Injury
19. UNDERTAKER Mawisce E. Lewnam + Son.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mcla 27', 1937 Jongla Con M. D. Registrar.	(Signed) tayman of May M.D. (Address) Cambon M.D.
f more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ELIZERI' V. S.			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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f more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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BUREAU V. S.			
Other contributory causes of importance:	1.0	Other contributory causes of importance:	THE R
Gallstones	May 1,1923	Gastroenteritis	1 year

Stated EXACTLY. PHYSICIAMS successified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforcertificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—

STATE C	F MARYLAND-	-CERTIFICATE OF DEATH	1 03320
1. PLACE OF DEATH		(94FE)	0
County also		Registration Dist.	No. 290
Village or City Zasto	- Md	NoNo	St., Ward
Length of residence in city or town where de	teath occurred 14 yrs 7 m	If death occurred in a hospital or institution, give its NAME instance. ds. How long in U.S. if of foreign birth? Compared to the compared t	yrsds.
(a) Residence: No.		St., Ward.	~~~~~
	(Usual place of abode)		city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF	- DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	9 1037
unale White	married	(Month)	(Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	See Thark	22. I HEREBY CERTIFY. March 8 ,1937, to M	That I ettended daceasad from au 9 , 193 7
6. DATE OF BIRTH (month, day, end year)	125-/65	I last saw h & alive on Man 9	, 19.5. Z.; daath is sald
7. AGE Years Months	Oays If LESS than I dey,hrs	I HE FRINCIPAL CAUSE OF DEATH SHOT SHEET CAUSES OF	
8. Trede, profession, or particuler kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	Vouseurfa.	were es follows:	Oate of onset B-8-37
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	-		
10. Data deceased last worked et this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIETHPLACE (city or town) State or country)	nyland	Other Contributory Canses of importance:	Zuopun
13. NAME aux Michalas	Toldstorouge	4_	
13. NAME ALL Mustarias H. BIRTHPLACE (city or town)	10	Name of operation	
	10-	What test confirmed diagnosis?	`
15. MAIDEN NAME CLUBY 16. BIRTHPLACE (city or town) (Stata or country)	d maron	23. If death wes due to external causes (VIDLENCE) fill in e Accident, suicide, or homicide? Date Whera did injury occur?	of injury, 19
17. INFORMANT MAY A MARCHANT (Address) Laston	Olevan -	(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	, county and State) or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place	Oete 3/1/ , 19	Manner of injury	
19. UNOERTAKER AMUS CONTROL OF THE C	There !	24. Was disease or Injury in any way related to occupetion If so, specify	of deceased? 200
20. FILED 3/10 , 19.3.7)	II. Merrey. Registrar.	(Signed) (Addrass)	Weeg M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5, 1927	Peritonitis	3 days ago
A SAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

PHYSICIANS should state ORD. Every item of inforof OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. V. S. No. 1

ğ ż

1. PLACE OF DEATH		
County Just .	Registration Dist. No. 290	
	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrs,mos	How long in Ú. S. If of foreign birth?yrsmos	ds.
2. FULL NAME Clifton I homas.	If U.S. Veteran epecify WAR	
Residence: No. Henderson md. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 31, 193 7 (Month) (Day), 193 7	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased March 31 1937 to March 31, 19	
1, 1,020		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	15 3010
8 /4 10 1 day,hrs.		
O Trade explosion or cartinular	were as follows: Date of Date of	protot
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Contraction of	3//3
9 Industry or business in which	Eshier, %	. /
work wes done, as SILK MILL, SAW MILL, BANK, etc		15
10. Date deceased last worked at this occupation (month and year)	Other Centributery Canses of Importance:	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Edulity)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Marrey Towell	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	3.
E (State or country) Md	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AND A Dawson (Address) Proposition and Inches and In	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Success for 2110 Date April 3 , 1937	Manner of injury 32 days of the suite	ù.
19. UNDERTAKER R. B. Rameples	24. Was disease or injury in any way related to occupation of deceased?	9
(Address) Lieus bud md.	If so, specify	
20. FILED 4/2 , 1937 7 St Merry Registrar.	(Signed) (Address)	_M.

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	W. E. H
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenteritis	1 year
		I SP 11	

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY PHYSICIAN
	37
	4./

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82a) 38 - Harris
County Talbol	Registration Dist. No. 290
Village or City & aston, Maryland	NoSt.,Ward
Langth of residence In city or town where deeth occurred yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
1 2 -	
2. FULL NAME June Jana Buce	without If U. S. Veteran, specify WAR
(a) Residence: No. (Grandletts 412 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Hute 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (feer)
5e. If married, widowed, or divorced HUSBAND, of (or) WIFE of See Sucher	22. Mer G 1937 to Mor 19 1937
6. DATE OF BIRTH (month, dev. end year) February 29 17/868	lest saw h
7. AGE Yeers Months eys If LESS than	to heve occurred on the dete steted ebove, at A
69 0 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trede profession or perticular	Cerebral Remarks g S 3-6-5
kind of work dona, as SPINNER, Jacselufe SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Deta decaesed last worked et this occupation (month and	
10. Deta decaesed last worked et this occupation (month and yeer) Market 5 11. Total time (yeers) spent in this occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mary land	Willing scleren :
13. NAME Robert Bruce	
13. NAME Robert Buce 14. BIRTHPLACE (city or town). Mary Land (State or country)	Name of operation Nove Date of What test confirmed diagnosis Phys Can Was there an eutopsy
15. MAIDEN NAME Katherine abbott	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME Katheune Solott 16. BIRTHPLACE (city or town) Many Land (State or country)	Accident, suicide, or homicide?
17. INFORMANT Dee Teacher	Whare did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Caston, Maryland	
18. BURIAL, CREMATION, OR REMOVAL Place Caston Md. Oele 3/22 1937	Menner of injury
C 1-1	Nature of injury
19. UNDERTAKER	24. Wes disease or injury in any wey related to occupation of deceased?
20, FILED 3/20, 1937 / At, Melius	(Signed) Welletun Maumour, M. D
Registrar.	(Address) Laston mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

certificate.

See instructions on back of

TION is very important.

-WRITE PL

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	157-20
County Jallo	Registration Dist. No. 290
Village or our Gaslow	ND. Smerqued N+9 ad St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Locath of residence in city or town where death occurredyrsmos.	10/2 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Judith Valliant	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward. Offard, Wed,
(Usual place of abode)	If nonfesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That lattendad deceased from
6. DATE OF BIRTH (month, day, and year) 2-19-137	Hast saw hall alive on March 1 1932 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:3.e.C.m.
10 1/2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as rollows. Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Conquital malformation
Solves of work dona, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (month and	- ventral Refrie 2-19-3
11. Total time (years) this occupation (month and year) year) occupation cocupation	
12, BIRTHPLACE (city or town) 6 mera Hospital - Easton M	Other Contributary Causes of importance:
(State or country) Maryland	
13. NAME Veremiah Vallant 14. BIRTHPLACE (city or town) Offord (State or country)	
14. BIRTHPLACE (city or town) Offord	Nama of operation Data of Data of
(State of Country)	What test confirmed diagnosis Description Was there an autopsy?
15. MAIDEN NAME Mary Louise. Fremont 16. BIRTHPLACE (city or town) Maylan, Dose Valley, (State or country)	23. If daath was due to external causes (VIDLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Maylan, Olose Valley	Accident, suicide, or homicide?
(Stata or country) Pennseylvania.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. Jeremiah Calllant	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVE	Manner of injury
Place Springfull Caston Date March 2, 19 37	Nature of injury
19. UNDERTAKER Maurice E. Hewaay Hon	24. Was disease or injury in any way related to occupation of dacaasad?
(Address) Eastful This	If so, specify
20. FILED 3/2 , 19.3.7 / J4: // LUCIUS Registrar.	(Signad) M. D. (Addrass) Saston To

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II	
leath and related causes ollows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
es of importance:	
,	1 year
	,

V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03324
1. PLACE OF DEATH	108
County Talkot	Registration Dist. No. 40
Village or City Caston	No. 6 Mergensy Nospital St., Ward
Length a visidence in-city or town where depth occurredyrs,mos_	death occurred in a hospital or institution, give its NAME instead of street and number) 2. 2. 4s. How long in U.S. if of foreign birth?
2. JULL NAME John Richard Mc Luay	Whaleuf U. S. Veteran, specify WAR
(a) Residence: No Licenstown Md	St., Ward, J.O.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 3, 193 7 (Month) (Day) (Year)
5a. If therried, widowed, or divorced HUSBAND of (ex) WIFE at Whenina Peamer	22. Jeb 1 HEREBY CERTIFY, That i attended deceesed from 18, 1937, to March 3, 1937
6. DATE OF BIRTH (month, dey, end year) Quality 10 - 18 56	I last saw h alive on March 3
7. AGE Yeers Months Days if LESS than	to have occurred on the date stated above, at 2.42 Qim.
80 6 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Thermone Lator Dille 3'
work was done, es SILK MILL, SAW MILL, BANK, etc.	a causa (
year) occupation 37	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Salvos County (State or country)	
13. NAME William Whaley 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha. ME Quay 16. BIRTHPLACE (city or town) Jallat County (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) allow townty (State or country) A May May 1	Accident, suicide, or homicide? Date of injury, 19
M. 40 Della C.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MAY 21 - 20	Menner of injury
Place Cellour III Dete 75 , 187	Nature of injury
19. UNDERTAKER Sailon Sira	24. Was disease or injury in any wey related to occupation of deceased? 22
(Address) Cuttiville Mid	if so, specify
20. FILED 9/9 , 1937 // JY : / Leves Registrar.	(Signed) M. D. (Address) Oslow M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	200	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis HINEAU V. S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1. week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03325
1. PLACE OF DEATH	<u> </u>
County Ladyst Macinly	Registration, Dist. No. 290
Village or City Gaston	No Energency Too plata Ward
(If	death occurred in a horpital of institution, give its NAME invented of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wheele	If U.S. Veteran specify WAR.
(a) Pesidence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. EX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 11, 193.7
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF RIRTH (month, day, end year) Manala 11-1937	N. M. A. 37
6. DATE OF BIRTH (month, day, end year) March 11-1937 7. AGE Years Months Days If LESS than	I last saw h. M elive on ATTTMM M 19_2 ; death is seld to heve occurred on the date stated above, at 19 m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Andustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	0 +.000
9 Industry or business in which	Still-Com (Prinature) 3-11-37
work was done, es SILK MILL, SAW MILL, BANK, etc.	
- I this occupation (month and	
year) occupation	Other Coatributory Causea of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Ulston Wheeler	Book
4. BIRTHPLACE (city or town)	Name of operation Dete of
- I was a serial and a	What test confirmed diegnosis? Was there an autopsy?
H NAC PO	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide?
and and the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT TO WELLOW WHELE A	Specify whether injury occurred in industri, in nome, or in Public Place.
18. BURIAL, PRIMATION, OR REMOVAL, Egitar. nd.	Manner of injury
Place mergerey to plate 3/12, 1932	Nature of injury
TO HADERY AVER BY TO A STORY OF THE PARTY OF	24. Was disease or injury in eny way related to occupetion of deceased?
19. UNDERTAKER me getter med (Address)	If so, specify
20 FUED 3/ 1037 M. Fl. Mennin	(Signed) M. D.
20. FILED. 2/-, 19-3-[(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DD 6 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- RIBE (1 V. S. II			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
"THE STATE OF STATE OF	NA 41 CM	TOTAL	T O ICTITIZED	O TAZ TIMBUTAN TO	27.2	LILLBIULAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(30)
County Salfat	Registration Dist. No. 490
Village or City & aston, Md.	No Emergency Hosketal St. War
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0 10	
2. FULL NAME William Lennon Will	Cleanson If U.S. Veteran specify WAR.
(Usual place of Abode)	Nary Last, R. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
9. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE OR DIVORCED (write the	
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro December 22, 1936, to March 10, 1937
6. DATE OF BIRTH (month, day, end year) July 9, 19 &	1 last saw h.M. elive on Marsh 10, 1937; deeth is sel
1.400	S than to have occurred on the dete stated above, atm. The PRINCIPAL CARSE OF DEATH and related causes of importance.
8 8 1 1 1 aay,	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	NCPULLI Ti 3 2 primary sample Dec. 19.
9. Industry or business in which work was done, as SILK MILL,	Cl & undetermined not due to Tearlet face:
work was done, as SILK MILL, tudent furthers SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (yeers)	not due to diphtherial . Cho GR
this occupation (month and yeer)	1/2
Tades a lalas	Other Contributory Carries of importance: Linear Contributory Carries of importance:
(State or country)	
13. NAME Lacer Williams	Peu I
14. BIRTHPLACE (city of Avn) Caroline Ce	Name of operation 1. 1 A Date of 1-29-3
(State or country)	Whet test confirmed diagnostical to Clivic Was there en autopsy? NC
15. MAIDEN NAME Winne Cender	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Were Color of town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT de les la lacres de lacres de la lacres de lacres	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Judy 3/2	Manner of injury
Place Tederalshug, Date 713	., 1954 Nature of injury
19. UNDERTAKER I Framptim + Son.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Felkhalshir mel.	If so, specify
20. FILED 3/11 , 19.37 / 94. Neuru	(Signed) M. M.
Re	gistrar. (Address) 7 granually may

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS Exact statement properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	<u> </u>
County & albah of	Registration Dist. No. 293
Village or City Cordon 15.2	No
Length of residence In city or town where death occurredyrs	mosZgas. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME WILLE Chew It	clean
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISJICAL PARTICULA	If nonresident give city or town and State RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WI	
OR DIVORCED (write	he word) Mar 3 193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 3/1	Mean 3/2, 1937, to Man 3/2, 193
6. DATE OF BIRTH (month, day, and year)	I last saw h 45 flive on
T day	to heve occurred on the date stated abova, atm.
1 1 7 or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- f
SAWYER, BOOKKEEPER, etc.	Sugar learn
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occuration (month and	- Cores
10. Data deceased last worked at this occupation (month and year) II. Total tima (year spent in this occupation)
Cardon 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	glound & Elect Man 1
13. NAME Codorers . & Stilson	July 1941 L
13. NAME Codres - Stilsong 14. BIRTHPLACE (city or town) - Landon M	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucy hichals	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Lucy buchols 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19 Whera did injury occur?
17. INFORMANT Edward & Shelson (Address) Condore me	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Old Chapel Date Mas 4	., 199.7. Nature of injury
19. UNDERTAKER le dorans de Stellens	24. Was disease or injury In any way related to occupation of deceased?
(Address) Cordorama:	If so, specify
20. FILED 3/3 . 1937, Je L. Sardne	V (Signed) A.M.
	Registrar. (Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Chronic interstitial neg	ohritis — — — — — — — — — — — — — — — — — — —	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
e Handrich E.	The second secon			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	S BY PHYSICIAN Cert. ON
Tile unday Wilson. 4/21/27.	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Jallo C	Registration Dist. No. 290
Village or City 605 tow, Md.	No Maryamay Assocital st. Ward
(If	death occurred in a horpital or instrution, give its NAME instead of street and number)
Length of spidenca in city or town where death occurredyrs,mos.	
2. FUEL NAME JUWES 11150W	If U.S. Veteran specify WAR
(a) Residence: No. Hulley Many Many	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH WALL DO -
OR DIVORCED (write the word)	March 3 193
5a. If marriad, widowed, or divorced	(Month) (Day) (Yeav)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
marron below	TV. 25 1921, to March 3, 1937
6. DATE OF BIRTH (month, day, end year) 3/29/93	I last saw h. W.A. elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
) 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER.	Dugleur gas leg left 3/1/3>
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceesad last worked at this occupation (month and 0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tracticle Ediffication
work was dona, as SILK MILL, SAW MILL, BANK, atc.	I museulos thear poule
To: Date dacesad last worked at this occupation (month and) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	120/57
this occupation (month end) S 3 spent in this occupation spent in this occupation	
12. BIRTHPLACE (city or town)	Other Camtributory Causes of importance:
(State or constry)	
13. NAME John & Moratthal	a- T/ + /11- /
14. BRTHPLACE (city or town)	Name of operation Data of 7/3)
(Stata or country)	Whet test confirmed diagnosis? Clearer + hoth Was there an autopsy? He
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
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17. INFORMANT of Sur D. Surlann	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Flow mills Par	on a wast in form hear ray
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Shee feel the left by my
Place 2 Association (19.3)	Nature of Injury That I was the Committee of Injury Th
19. UNOERTAKER CLICAL LAND	24. Was disaase or injury in any way related to occupation of decaased?
(Address) Salon Track	If so, specify
26. FILEO 3/4 , 1937 NJV: Nevreus	(Signed) M. D.
Registrar.	(Address)

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SURPAU V.			
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